

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526942

FILING DATE

3-8-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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21						
22						
23	1		1			
24	1		1			
25		1		1		
26			1			
27				1		
28				1		
29				1		
30			1			
31				1		
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50						
TOTAL IND.	3	↓	7	↓		↓
TOTAL DEP.	22	←	28	←		←
TOTAL CLAIMS	25		35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						